

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042947

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149  
FILED NOV 26 1962

Primary Registration District No. 1002

Registrar's No.

5730

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

11-15-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Curtis Hymer

DOCUMENT Funeral Home Records

BY AFFIDAVIT OF Paul D. Stauffer

MEDICAL CERTIFICATION

Morgan U. Stockwell

BY AFFIDAVIT OF Paul D. Stauffer

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>OVERLAND PARK</b>	
Length of stay in 1b <b>2 MONTH</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>8521 WEST 80TH STREET</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>BLANCHE EVELYN STAUFFER</b>		4. DATE OF DEATH Month Day Year <b>NOVEMBER 10 1962</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/22/06</b>
9. AGE (last birthday) <b>56</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>TONGANOXIE, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CURTIS STRONG HYMER</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA HIGGINS</b>	
14. NAME OF HUSBAND <b>PAUL D. STAUFFER</b>		Address <b>8521 W. 80TH ST. OVERLAND PARK, KS.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>PAUL D. STAUFFER</b>		Interval between ONSET AND DEATH <b>2 mos?</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Renal Failure</b> DUE TO (b) <b>Disseminated Lupus Erythematosus</b> DUE TO (c) <b>Cerebral Vasculitis? 2ndary to Lupus.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Aug. 1958</b> to <b>11-10-62</b> and last saw her alive on <b>11-10-62</b> Death occurred at <b>8:30 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Morgan U. Stockwell M.D.</b>	
22b. ADDRESS <b>2500 Johnson Dr.</b>		22c. DATE SIGNED <b>11-12-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>NOV. 13, 1962</b>	23c. NAME OF CEMETERY OR CREMATOR <b>MEMORIAL PARK CEMETERY LAWRENCE KANSAS</b>	
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>11-13-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

13a. Curtis Strong

4  
Fairway  
2520 Johnson Dr.  
St. 1-1641

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Norman W. Pearson*

Licensed Embalmer No.

4889

P. O. Address

*Lathrop, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.